

DEPARTMENT OF HEALTH SERVICES

14744 P STREET

SACRAMENTO, CA 95814



April 29, 1980

To: All County Welfare Directors
All County Data Processing Officers

Letter No. 80-16

PROPOSED CHANGES TO THE RESPONSIBLE RELATIVE AND MEDI-CAL FAMILY BUDGET
UNIT (MFBU) REGULATIONS

AB 1251, which became law January 1, 1980, makes parents responsible for the health care costs of their children up to the age of 21, if the children are living with their parents. AB 381, which also became law January 1, 1980, makes one-half of the income of a stepparent legally available to his/her stepchildren. In order to implement these laws, it is necessary to revise the responsible relative Medi-Cal Family Budget Unit (MFBU) and treatment of income regulations. It is also necessary to revise Medi-Cal regulations to comply with federal requirements that aged, blind and disabled couples be treated separately six months after one enters LTC; and that persons whose income and property are used in the share-of-cost computation must have their incurred medical costs counted toward meeting that share of cost. The final group of regulation changes in this package establishes verification requirements found necessary as a result of a pilot project in Los Angeles. It is anticipated that all of these regulations will become effective in the latter part of 1980.

In general the proposed regulation changes will make the following changes:

1. Parents will be responsible for the health care costs of their unmarried children until the children are 21, if the children are living at home and were not previously married.

This is true whether or not the children have children of their own. Minor unmarried parents living in the home of their parents must be included in their parents' MFBU if they wish to receive a Medi-Cal card. They will be considered ineligible members of a second MFBU -- the one that includes the minor unmarried parents' children. The only exceptions to this expanded parental responsibility provision are children who want minor consent services only, and blind or disabled 18 to 21 year olds who are not in school or training.

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2. Only children with income or property of their own, or members of step-parent units, may be excluded from a family's MFBU. All other family members living in the home must be included, whether or not they are eligible for or wish to receive Medi-Cal. Ineligible members of the MFBU will be so labelled and will be included in the MFBU determination. Their health care costs may be listed on the MC 177S and used to meet the share of cost. Currently, ineligible members of a family are treated as excluded persons.
3. Aged, blind or disabled couples will remain in the same case for six months after one of them enters LTC. If only one member of the couple is aged, blind or disabled, the couple will be separated the month following entry to LTC. Currently, any couple is separated the month after one member goes into LTC.
4. Income considered available from the stepparent to the stepchildren, when only the children of one parent are applying for Medi-Cal, will be the greater of either the stepparent contribution or one-half of the stepparent's net income. Currently, only the stepparent contribution is counted.
5. Identity and place of residence must be verified prior to determination of Medi-Cal eligibility and income in kind must be verified by a statement from the provider.

The proposed regulations, which are enclosed, were developed with the help of CWDA Medical Care Committee representatives from Orange, San Diego and Los Angeles Counties. Over a six-month period, this group considered numerous alternative concepts and regulation wordings. Several were eliminated as not meeting the current requirements of state and federal law. Of those remaining, the committee selected the one it considered the most straightforward, equitable and easy to administer. The enclosed proposed regulations implement that selection. We would like you to review the regulations now and give us your comments. We also request that you review the forms and Medi-Cal Eligibility Manual draft procedure section that are enclosed. The procedure section illustrates in diagram form the possible MFBUs based on family composition. We anticipate that this chart will be used by eligibility workers as quick reference when doing day-to-day eligibility processing.

In addition, we are asking each county to tell us:

1. Any systems problems or changes you can identify because of these regulation changes, what areas you feel you will need help in resolving and a rough estimate of the cost of making any changes needed.

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2. Which of the following methods you would prefer for implementing these regulations.
- a. Begin identifying the cases which will be affected by these regulation changes several months prior to the effective date of the regulations. This identification would be of ongoing cases, supplemented at the same time with a system set up for identifying intake cases that would be affected. Upon the adoption of the regulations, revise all these cases so that the effective date for the changes would be the same in all of them.
 - b. One to two months prior to the effective date of the regulations, begin pulling the cases affected and making the necessary eligibility and share of cost reevaluations, to be effective on the effective date of the regulations. If changed circumstances for an affected case are reported after this reevaluation, those changes would be applied to the reevaluated version of the case.
 - c. Wait until the month prior to the month in which the regulations are to effective, identify and pull all the cases affected, and make the changes in that month effective the first of the next month.
 - d. Implement the regulations over a two or three-month period after the effective date of the regulations. The county would have to identify which portion of the affected cases that would be changed each month. For example, all LTC couples and stepparent cases would be changed the first month and all 18-21 year old cases and excluded persons cases would be changed the second month.

In deciding which method of implementation you think would work best, take into consideration the fact that the following cases will have to be reviewed:

- a. Cases of minors who are unmarried and 18 to 21 and who, even though they are living with their parents, currently have their own Medi-Cal case because they are either MI, pregnant or a parent. To facilitate this identification, we will send each county a list of all 18 to 21 year olds receiving Medi-Cal cards in one of the months immediately prior to the beginning of this implementation process.
- b. Cases in which there is an ineligible or excluded parent, or an excluded child, including an unborn, without income or resources.

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- c. Stepparent cases.
 - d. Cases of blind or disabled 18 to 21 year olds who are living at home and in school or training. The list of 18 to 21 year olds described in "a" will also include blind and disabled.
 - e. Cases of ABD persons in LTC who have an ABD spouse.
- 3. The amount of advance notice you will need of the effective date of the regulations in order to change all the cases in accordance with each of the options in "2" on Page 3. This information will be used to determine the appropriate time frames for implementation.
 - 4. A rough estimate of the amount of increased eligibility worker hours it will take to implement these changes under the options in "2" on Page 3 and the basis for your estimates. In each of the options it is assumed that some of the review/recalculations will be absorbed in the normal redetermination/status report review process.

Please send or telephone the information requested to Maura Donovan at (916) 445-1912 or Ruthell Ussery at (916) 445-1797, 714 P Street, Room 1692, by June 20, 1980.

Original signed by

Barbara Carr, for
Doris Z. Soderberg, Chief
Medi-Cal Eligibility Branch

Enclosures

cc: Medi-Cal Liaisons
Medi-Cal Field Representatives

Expiration Date: October 31, 1980

50014. Adult. (a) Adult means:

(1) ~~An AFDC/MN or MI~~ person who is 21 years of age or older.

(2) ~~An aged,~~ blind or disabled MN person ~~or an MI person~~ who is
one of the following:

(A) Eighteen (18) to 21 years or older ~~or aged,~~ living in the home of a parent and not currently enrolled in school.

(B) Under 21 years of age and not living in the home of a parent, except that, if the person is under 18 years of age, the person shall be considered a child for the purpose of completing the Statement of Facts.

(3) Any person who is now or has been married, regardless of age, unless the marriage was annulled.

(4) ~~Persons who would otherwise be considered children who are parents and who are living with their children.~~

(4) An MN or MI person who is 18 to 21 years of age, who is not living in the home of a parent or caretaker relative.

50025.5 Board and Care. (a) Board and care means a nonmedical protective living environment where the resident receives board, room, personal care and designated supplemental services related to individual needs in one of the following:

- (1) A licensed residential care facility.
- (2) The home of a relative or legally appointed guardian or conservator, other than the home of a spouse or the home of a parent for a blind or disabled child.
- (3) A home in which a child is placed by a court under Welfare and Institutions Code 727 (a).
- (4) An "exclusive use home" approved by a licensed home finding agency.

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50030. Child. (a) Child means an MN or MI person under the age of 21 except that the following persons are considered adults in accordance with Section 50014:

(1) ~~For AFDC/MN~~ An MN or MI person under the age of 21 who is now or has ~~no~~ been ~~childless~~ and is not now married, unless the marriage was annulled.

(2) ~~For blind or disabled MN and MI, a person under the age of 18 who has no children and is not now married.~~

(2) An MN or MI person who is 18 to 21 years of age who is not living in the home of a parent or caretaker relative.

(3) ~~For MN and MI, an unborn child.~~

(3) A blind or disabled MN person who is one of the following:

(A) Eighteen (18) to 21 years of age, living in the home of a parent and not currently enrolled in school.

(B) Under 21 years of age and not living in the home of a parent, except that, if the person is under 18 years of age, the person shall be considered a child for the purpose of completing the Statement of Facts.

(b) An unborn is considered a child for Medi-Cal purposes.

50041. Family Member. Family member means ~~either~~ sibling children, ~~and~~ their parents, married or unmarried; ~~of~~ their stepparents ~~of~~ and the separate children of either unmarried parent or of the stepparent. If there are no children, family member means a single person or a married couple.

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50069.5.. Parent -- Unmarried Minor. Unmarried minor parent means a
person who meets the definition of a child and has children living in the
home.

50071. ~~Persons~~ Living in the Home. (a) Persons living in the home means persons physically present in the home; or persons temporarily absent from the home because of hospitalization, attendance at school, visiting, vacation, trips in connection with work, active duty in the armed services or because of absences of a similar nature; reasons, and persons away at school or vocational training who will resume living in the home as evidenced by the person returning home for vacations, weekends and at other times.

Persons absent under the following conditions shall not be considered as living in the home:

(1) An 18 to 21 year old who would be ~~ADULT~~ if living in the home, who is living away from home to attend school or for active duty in the armed services, and whose parents do not wish to include such child in the AFDP.

(2) A blind or disabled child who is living away from home for any reason.

(3) An aged, blind or disabled person over 18 who is a long-term care patient when that person is considered separated from the spouse.

(1) A temporary absence is one in which the person leaves and returns to the home in the same month or the following month.

(2) Whether a person is living in the home while in LTC or board and care shall be determined in accordance with Section 50373.

information on the Statement of Facts, the county department shall obtain verification of the following items in the manner specified below, prior to approval of eligibility:

(1) Blindness and disability shall be verified by any of the following methods:

(A) By determining that the person was eligible as an MN person on the basis of blindness or disability in December 1973, and that there has been continuing eligibility since that time.

(B) By obtaining verification that a prior determination of blindness or disability is still valid. This shall be obtained by viewing any of the following or similar items:

1. A Social Security Administration Title II or SSI/SSP award letter indicating receipt of disability benefits provided the reexamination date has not passed or a reexamination date is not indicated.

2. A Social Security Administration notification that disability benefits have been increased or decreased.

3. A Railroad Retirement Board notification of a disability award.

4. A signed statement from the Social Security Administration that states that the person is eligible for Title II benefits on the basis of a disability.

5. Documentation of a prior determination of disability under the EVH or MN program, if the determination was done after December 1973.

6. Data on the SDX which shows that a person entering LTC was discontinued from SSI/SSP for reasons other than cessation of disability.

(C) By viewing a Social Security Administration Title II check that states that the payment is on the basis of disability. In this case, disability shall be further verified within 60 days by one of the methods specified in (B) or (E) of this section.

(D) By obtaining a letter from a physician verifying any one of the following conditions, provided the procedures specified in (E) are followed after eligibility is determined.

1. Terminal cancer.

2. Paraplegia or quadriplegia.

3. Absence of both eyes.

4. IQ of less than 50.

5. Absence of more than one limb.

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(E) By following procedures established by the Department's Disability Evaluation Branch. All necessary information shall be submitted to the Department not later than 10 days after the receipt of the Statement of Facts, except in the event of a delay due to circumstances beyond the control of the county.

(2) Incapacity shall be verified by viewing one of the following:

(A) A current Medical Report, form CA 341, or written statement signed by a physician, licensed or certified psychologist or authorized member of their staff which documents that incapacity exists and gives the expected duration of the condition.

(B) A current Certificate of Disability, form DM 3 or MC 221.

(C) Documentation of current receipt of Title II or Railroad Retirement disability benefits.

(D) Documentation of current receipt of SSI/SSP benefits based on disability or blindness.

(E) Documentation of current receipt of State Disability Insurance (SDI) or Worker's Compensation.

(F) If form CA 341 or a written statement cannot be obtained without delay, and no other verification of incapacity exists, a verbal statement from one of the persons specified in (A) shall be accepted as verification for up to 60 days pending receipt of written verification.

(3) Pregnancy shall be verified only if the inclusion of the woman would result in the birth of a child to the woman. Verification shall consist of a signed statement from a physician or a clinical laboratory report. The statement or report shall include evidence of pregnancy and, if possible, the expected date of delivery.

(4) (3) Alien status shall be verified in accordance with the alienage verification and documentation procedures described in Article 7.

(5) (4) The fact that the parents and a public or private agency will not accept legal responsibility for a child shall be verified by documented verbal or written communication with the parents and agencies if the child is applying alone on the basis that neither the parents nor an agency will accept legal responsibility.

(6) The fact that the parent refuses to apply for Medi-Cal shall be verified by documented verbal or written communication with the parent, if the parent is 18 years of age or older, who would be an applicant if the parent applied, is applying as an applicant.

(5) Identity and residence shall be verified by viewing one of the following:

(A) California driver's license.

(B) Identification card issued by the Department of Motor Vehicles.

(C) Current utility bills or receipts.

(D) Bank statements.

(E) Any other document which appears to be valid.

(b) The verification requirements of (a)(5) shall not apply to persons who are:

(1) In an institution and contact is made with the facility to verify presence in the institution.

(2) Receiving Medi-Cal through the Aid for Adoption of Children program.

(3) Children in a family, if verification of the identity and residence of the parents has been obtained.

(4) Children requesting Medi-Cal for minor consent services in accordance with Section 50147.1.

(5) MI children who are not living with a parent or relative and for whom a public agency is assuming financial responsibility in whole or in part.

(6) Not acting on their own behalf and a government representative, such as a public guardian, is acting for them.

50168. Verification - Within 60 days. The Statement of Facts, the county department shall obtain verification of the following items in the manner specified below, within 60 days of the date of initial application, but not necessarily prior to approval of eligibility:

(1) Unearned income shall be verified by viewing any of the following:

- (A) Checks or copies of checks.
- (B) Award letters.
- (C) Signed statements from persons or organizations providing the income.
- (D) Check stubs.
- (E) Statements from checking, savings or trust fund accounts which indicate that the income is directly deposited for the applicant or beneficiary by the persons or organizations providing the income.

(2) Income in kind shall be verified by ~~SWORN STATEMENT OR THE STATEMENT OF FACTS~~ a written statement from the provider of the items of need.

(3) Earned income shall be verified by viewing paycheck stubs. If paycheck stubs are not available, a signed statement from the employer verifying the amount and frequency of the payments shall be obtained. If an individual is self-employed, records kept by such individual for tax purposes shall be viewed.

(4) Fluctuating income shall be verified by viewing check stubs or a copy of the checks that show the amount of income. If these are not available, a signed statement from the person or organization making the payments verifying the amount and frequency of the payments shall be obtained.

(5) Mandatory deductions shall be verified by viewing paycheck stubs. If paycheck stubs are not available, a signed statement from the employer verifying the amount subtracted from each paycheck for these deductions shall be obtained. If an individual is self-employed, records kept by such individual for tax purposes shall be viewed.

(6) Work-related expenses shall be verified by viewing receipts, cancelled checks or a signed statement from the person providing the service or goods verifying the nature and cost of the service or goods.

(b) If verification of unearned income, earned income, fluctuating income, mandatory deductions or work-related expenses is not available or would require contacting the parents of a child applying alone for services for which the child may sign, the sworn statement of the person who signed the Statement of Facts shall be accepted as the necessary verification of the facts.

(c) If a person receives a Medi-Cal card prior to verification of unearned income, earned income, fluctuating income, mandatory deductions or work-related expenses and verification is not completed within

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50169 (c)

(c) In addition to verifying the items specified in Sections 50167 and 50168 during the application process, the county department shall also verify these items except for blindness, disability, ~~and~~ alien status, identity and residence at the time of reapplication restoration, redetermination and whenever there is a change which affects one of the items. Certification for Medi-Cal shall not be delayed or discontinued pending receipt of verification from a person who is currently eligible unless the beneficiary fails to cooperate.

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50191. Status Reports. (a) The county department shall require the completion of a Medi-Cal Status Report, Form MC 176S, no later than the third month following the month of Medi-Cal eligibility approval of an application, reapplication or restoration and at three month intervals thereafter, for all MFBU's which contain at least one AFDC-IN or MI person. The requirement to complete status reports shall not apply to the following:

(1) Persons who receive Medi-Cal through the Aid for Adoption of Children program.

(2) Persons who have a government representative, such as a public guardian, acting on their behalf.

(3) MI foster care children.

(4) Children who are ~~requesting Medi-Cal for~~ requesting Medi-Cal for minor consent services in accordance with Section 50147.1.
~~50147.1.~~

(5) Persons who receive county General Assistance Benefits and whose Medi-Cal eligibility factors are monitored at least quarterly by the county Department under its general assistance program.

(b) In addition to the status reports required in accordance with (a), the county department, consistent with Article 2, may require persons or families to complete status reports at more frequent intervals.

50203. Linkage. (a) Eligibility for Medi-Cal under the MN program shall be based upon linkage to AFDC or SSI/SSP as specified in Sections 50205 through 50223.

(b) Eligibility for Medi-Cal under an Other PA category shall be based upon linkage to AFDC or SSI/SSP in accordance with the regulations of the applicable program.

(c) All family members living in the home, except those children excluded from the MFBU in accordance with Section 50375, shall be considered in determining the programs for which the persons included in the MFBU are eligible.

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50251. Medically Indigent Program. (a) A person's eligibility shall be determined under the Medically Indigent program if that person is under 65 years of age and any of the following:

(1) A person who cannot meet the eligibility requirements for a PA or Other PA recipient, an MN person, or an MN family member.

(2) A person who is not an MN family member, because of voluntary exclusion of a child from the MFBU.

(3) At least 18 but not over 21 years of age and would be linked to the AFDC program, except that the parent or parents refuse to apply for Medicaid.

~~(2)~~ (3) A child who is not living with a parent or relative and for whom a public agency is assuming financial responsibility in whole or in part.

~~(3)~~ (4) A child receiving assistance under Aid for Adoption of Children.

~~1(4)~~ (5) A person under 21 years of age who can qualify as an MN blind or disabled person but chooses to apply as an MI person. The choice may be made by a person acting on behalf of the person under 21 years of age.

~~1(7)~~ (6) Not yet determined eligible for Medi-Cal as a PA or Other PA recipient or as an MN person because of a pending application based on blindness or disability and blindness or disability has not yet been determined.

(b) In order to be eligible under this program, the persons listed in (a), (1), (2), (3), (6) and (7) shall meet the property, citizenship, residence, institutional status and cooperation requirements specified in these regulations.

(c) In order to be certified and receive a Medi-Cal card under this program the persons listed in (a) (1), (2), (3), (6) and (7) shall be determined eligible and meet the income and share of cost requirements specified in these regulations.

(d) Children specified in (a) (4) shall be eligible and certified for Medi-Cal:

(1) On the basis of the information provided by the public agency on form MC 250.

(2) Without considering the property or income of the child or the

(e) The children specified in (a) (5) above shall be eligible and certified for Medi-Cal without any additional determinations by the county department.

(f) For purposes of this section:

(1) Persons are considered 21 years of age on the first day of the month following the month in which they reach age 21.

(2) Persons are considered 18 years of age on the first day of the month in which they reach age 18.

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50371. Medi-Cal Family Budget Unit Determination. (a) The Medi-Cal Family Budget Unit (MFBU) shall ~~consist of all~~ be the basic unit of ~~those~~ persons ~~who are to be included in the determination of~~ considered in determining a person's or family's eligibility and share of cost. The MFBU shall be established in accordance with ~~the following~~ Sections 50372, 50373 and 50374. ~~As limited by (b), (c) and (d)~~ Once the MFBU has been established, members of the MFBU may be excluded in accordance with Section 50375.

(b) Once the MFBU has been established, changes in the MFBU shall be reflected in the share of cost determination within the time frames specified in Section 50565 except that the changes may be reflected in the month they are reported if it is to the beneficiary's advantage. The advantage, if any, shall be explained to the beneficiary and the beneficiary shall determine whether the change shall be reflected in the month it is reported.

TITLE 22

HEALTH CARE SERVICES MEDICAL ASSISTANCE PROGRAM

1238.19

(Register 77, No. 51-12-17-77)

5037/cmt

PERSONS WHO MAY BE INCLUDED IN THE MFBU

Persons Living in the Home	Individual	Parent or First Unmarried Parent	Spouse or Second Unmarried Parent	Parent's or First Unmarried Parent's Children	Spouse's or Second Unmarried Parent's Children	Mutual Child	Children	Care- taker Relative
(1) Individual	X							
(2) Individual, spouse	X		X					
(3) Parent, parent's children		X		X				
(4) Both unmarried parents, mutual children		X	X			X		
(5) Both unmarried parents, first unmarried parent's children and or second unmarried parent's children, mutual children		X	X	X	X	X		
(6) Parent, spouse, parent's children and/or spouse's children		X		X	X			
(7) Parent, spouse, parent's children and/or spouse's children, mutual children		X	X	X	X	X		
(8) Parent, spouse, mutual children		X	X			X		
(9) Sibling children living with a caretaker relative who has no spouse or children and who requests to be included							X	X
(10) Sibling children living with a caretaker relative who has a spouse or children, or who does not request to be included							X	
(11) Children, in any living situation, applying for Medi-Cal services for which the child may sign							X	
(12) Parent under 21 living in grandparent's home, parent's children		X		X				
(13) Child over 18 in a potential AFDC-MN family whose parents refuse to apply								X

TITLE 22

HEALTH CARE SERVICES MEDICAL ASSISTANCE PROGRAM

1238.21

(Register 77, No. 51--12-17-77)

(g) No persons other than those specified in (a) shall be included in the MFBU, regardless of living situation, except that when a spouse or parent is in LTC and both spouses, or the parent, are not aged, blind or disabled, the spouse or parent in LTC shall be in the same MFBU as the spouse or children at home.

(h) Before a person is included or excluded from the MFBU the county department shall explain to the applicant the advantages and disadvantages of such an action.

History: 1. Amendment filed 1-28-77 as an emergency, effective upon filing (Register 77, No. 5).

2. Certificate of Compliance filed 4-29-77 (Register 77, No. 17).

3. Amendment of subsections (e) and (f) and repealer of subsection (i) filed 12-15-77; effective thirtieth day thereafter (Register 77, No. 51).

(5) Both unmarried parents, first unmarried parent's children and or second unmarried parent's children, mutual children	X					X
(6) Parent, spouse, parent's children and or spouse's children	X	X	X	X	X	
(7) Parent, spouse, parent's children and or spouse's children, mutual children	X	X	X	X	X	
(8) Parent, spouse, mutual children	X	X				X
(9) Sibling children living with a caretaker relative who has no spouse or children and who requests to be included						X X
(10) Sibling children living with a caretaker relative who has a spouse or children, or who does not request to be included						X
(11) Children, in any living situation, applying for Medi-Cal services for which the child may act						X
(12) Parent under 21 living in grandparent's home, parent's children	X		X			
(13) Child over 18 in a potential AFDC-MN family whose parents refuse to apply						X

50371 ent.

PERSONS WHO MAY BE INCLUDED IN THE MFBU—Continued

Persons Living in the Home	Individual	Parent or First Unmarried Parent	Spouse or Second Unmarried Parent	Parent's or First Unmarried Parent's Children	Spouse's or Second Unmarried Parent's Children	Marital Child	Children Remove	Care- taker
(14) Foster child							X	
(15) Child living alone or with persons who have no legal responsibility to support when verification is obtained in accordance with Section 50167 (a) (6) that neither child's parents nor a public or private agency will take responsibility for the child.							X	

(b) Any person ~~specified in (a)~~ who is a PA or Other PA recipient shall be excluded from the MFBU. The property or income of these persons shall be treated in accordance with Sections 50403 and 50557.

(c) Any person who may be included in the MFBU in accordance with (a) may choose to be excluded from the MFBU. This choice is the option of the person to be excluded or in the case of a child, the option of the person who has legal responsibility. Voluntarily excluded persons:

- (1) May not apply separately.
- (2) Shall not be considered in the eligibility or share of cost determination of the MFBU or in meeting the share of cost of the MFBU.
- (3) Shall have their property and income considered in determining the eligibility and share of cost of the MFBU in accordance with (e).
- (4) Who are children shall not be considered in determining the program for which the persons included in the MFBU are eligible.
- (d) An aged, blind or disabled parent or spouse in LTC shall be in a separate MFBU, and have property and income considered in determining the eligibility and share of cost of both MFBUs in accordance with (e), if:

- (1) There is a spouse or a spouse and children and the aged, blind or disabled person and the spouse are not living apart voluntarily in accordance with Section 50351 (a) (1).
- (2) There are children but no spouse.

(e) Property and income of persons not included in the MFBU in accordance with (c) or (d) shall be considered as follows:

- (1) The property and income of parents, spouses and stepparents shall be counted in the eligibility and share of cost determination for the MFBU in accordance with Sections 50403 and 50557.
- (2) The property and income of children shall not be counted in the eligibility and share of cost determination for the MFBU.

(f) Persons who would be ineligible if they were included in the MFBU, such as ineligible alien parents or persons ineligible due to failure to apply for a Social Security number, shall be considered to be voluntarily excluded persons.

50351. Responsible Relatives. (a) The responsibility of a relative to contribute to the cost of health care services of a Medi-Cal applicant or beneficiary shall be limited to / spouse for spouse and parent for child.

(1) Spouse for spouse except that responsibility of employee living together //wined in accordance with the following// in the home.

X/If the spouses are living apart voluntarily and there is a break in marital life, there shall be no spouse or spouse responsibility. // The spouses shall be considered living apart on the day following the voluntary separation.

(A) If one or both of the spouses is in LTC or board and care, the spouses' income and property shall be considered available in determining each others eligibility and share of cost in accordance with the MIBU composition provision of Section 50373.

(B) If neither of the spouses is in LTC or board and care but the spouses are living apart and the absence is not a temporary one, the spouses shall be considered living apart:

1. On the day following the separation, if it is known that the separation will not be temporary.

2. On the first of the month following the second month
of the separation in all other situations.

~~(B)~~ (C) Persons who have no spouse or spouse responsibility in accordance with ~~(A)~~ (B) shall have eligibility and share of cost determined as if they were single persons.

(2) Parent for child living in the parent's home in accordance with the following except as specified below that

~~(X) For AFEC-VA persons, parent for child under 21~~

(E)/For/blind/or/disabled/M/children/and/M/persons,/parent
for/child/under/18/

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(c) The parents of an MI or MM child shall neither be held financially responsible for, nor asked or required to contribute to or provide other health care coverage for, the cost of health care services which the child may receive without parental consent.
~~under any express provision of law~~

1(A) The health care services which a child may receive without parental consent are services related to:

1. Sexual assault.

2. Drug or alcohol abuse for a child 12 years of age or older.

3. Pregnancy or family planning.

4. Venereal disease for a child 12 years of age or older.

2(B) Such children shall have their application processed in accordance with Section 50147.1 (a).

(D) ~~RE~~ The parents of a blind or disabled child who is not living in the parent's home shall neither be held financially responsible for, nor asked or required to contribute to, the cost of health care services for such child. Such children shall be treated as adults for purposes of determining eligibility and share of cost.

(B) (C) Only the amount of property and income actually available from responsible spouses or parents as determined in accordance with Section 50403, Treatment of Property, and Section 50557, Treatment of Income, shall be included in determining eligibility and share of cost.

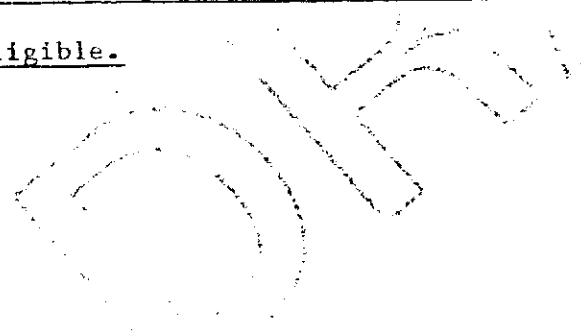
~~14~~ (D) A Medi-Cal applicant or beneficiary shall not be required, as a condition of eligibility, to cooperate with any referral to or attempt by an agency to collect support from a responsible relative.

50372. Medi-Cal Family Budget Unit (MFBU) Determination, No Family Member in LTC or Board and Care. (a) When no family member is in LTC or board and care, the MFBU shall be determined in accordance with the following:

(1) All family members who are PA or Other PA recipients shall not be included in the MFBU-except for persons eligible for four month continuing eligibility.

(2) All family members living in the home, other than those specified in (1), are included in the MFBU in accordance with (4) whether or not they are eligible for, or wish to receive, Medi-Cal. Once all potential members of the MFBU have been identified, persons may be excluded from the MFBU in accordance with Section 50375.

(3) All family members living in the home, except those children excluded from the MFBU in accordance with 50375, shall be considered in determining the program for which the persons included in the MFBU are eligible.



(4)

A) Family Members Living
in the Home who are
not PA or Other PA
Recipients

1. Individual adult.
2. Individual, spouse.
3. Parent, children.
4. Both unmarried parents,
mutual children.
5. Both unmarried parents,
mutual children,
separate children of
either or both parents.
6. Parent, spouse, mutual children.
7. Parent, spouse, mutual
children and/or separate
child of either or both
parents
8. Unmarried minor parent;
children; the unmarried
minor parent's parent(s)
and his/her spouse and/
or children.
9. Unmarried minor parent;
second unmarried parent;
their mutual children;
separate children of
either or both unmarried
parents; the unmarried
minor parent's parent(s)
and his/her spouse and/
or children.
10. Child requesting Medi-Cal
for minor consent services,
whose application is being
processed in accordance with
Section 50147.1 (a)(3)(D).

(B) MFBU

1. Individual adult.
2. Individual, spouse.
3. Parent, children.
4. Both unmarried parents,
mutual children.
5. Both unmarried parents, mutual child-
ren, separate children, except that when all the
mutual children are excluded in accordance with Sec
50147.1 (a)(3)(D), each
unmarried parent and his/her separate
children shall be in a separate MFBU.
6. Parent, spouse, mutual children.
7. Parent, spouse, mutual children, separate
children, except that, by choice of the
applicant, the MFBU may include only the parent and the
separate children of that parent.
The other family members and the parent are considered the
stepparent unit.
8. Two MFBU's:
 - a. Unmarried minor parent, as an ineligible
member, unmarried minor parent's children.
 - b. Unmarried minor parent, the unmarried
minor parent's parent(s) and his/her
spouse and/or children (MFBU is deter-
mined in accordance with (3) through (7)).
9. Two MFBU's:
 - a. Unmarried minor parent, as an ineligible
member, second unmarried parent, mutual child-
ren of either or both unmarried parents.
 - b. Unmarried minor parent, the unmarried
minor parent's, parent(s) and his/her
spouse and/or children (MFBU is deter-
mined in accordance with (3) through (7)).
10. Child and his/her children.

11. Sibling children, caretaker relative
12. Sibling children, caretaker relative, caretaker relative's spouse and or children
13. Child in foster care
14. Sibling children in foster care
15. Child placed by a court or court designated agency or detained under Welfare and Institutions Code, Sections 300 or 601 in an institution.
16. Child not living with a parent or relative for whom a public agency is assuming financial responsibility in whole or in part.
17. Child not living with a parent or caretaker relative when parents and public agencies have been contacted to determine whether they they will accept legal responsibility for the child.

11. Sibling children and caretaker relative, except that the caretaker relative may choose to be in his/her own MFBU
12. Two MFBU's:
 - a. Sibling children
 - b. Caretaker relative and his/her spouse and/or children
[MFBU is determined in accordance with (3) through (7)]
13. Child
14. Each sibling child is in his/her own MFBU even if placed in the same foster home.
15. Child
16. Child
17. Child

50373. Medi-Cal Family Budget Unit (MFBU) Determination, Family Member in Long Term Care or Board and Care. (a) An aged, blind, or disabled person who is in LTC or board and care shall be in his/her own MFBU, except as provided in (c) and (d).

(b) An aged, blind, or disabled person's spouse who is in LTC or board and care shall be in his/her own MFBU, except as provided in (c) and (d).

(c) A couple shall be in the same MFBU until the end of the sixth full month of LTC or board and care status when all of the following conditions are met:

(1) Both spouses are aged, blind, or disabled,

(2) One or both spouses is in LTC or board and care.

(3) Both spouses apply for Medi-Cal.

(d) A couple which includes an aged, blind, or disabled person shall be in the same MFBU when both of the following conditions exist:

(1) both spouses are in LTC or board and care,

(2) the spouses share a common room.

(e) A person who is in LTC or board and care who is not aged, blind, or disabled and whose spouse is not aged, blind, or disabled shall be included in the MFBU with the person's spouse, and/or children or, where the person is a child, with the child's parents.

(f) A child who is a ward of the court or the responsibility of a public agency due to a voluntary placement by a parent or guardian and who

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is a patient in a medical facility shall be in his/her own MFBU.

(g) A child who is not blind or disabled, who is in LTC status in a medical facility and who was not living with his or her parents immediately prior to entering LTC shall be in his or her own MFBU.

(h) Income and property available to the MFBU's established in accordance with this section shall be determined in accordance with Sections 50557 and 50403.

50559. Income Available from the Stepparent Contribution. (a) The stepparent contribution shall be the amount of the stepparent's income that is determined to be available to the parent's child, by a prior action.

(b) (a) If there is a stepparent living in the home and, by prior action, only the parent and the parent's ^{separate} children are included in the MFBU, the income available from the stepparent contribution shall be the lesser of the following: greater of either the stepparent contribution or the stepparent's income legally available to the parent's ^{separate} children.

(1) The stepparent contribution shall be the lesser of:

(1) (A) The actual amount of the stepparent's income that the parent states is available to the parent's ^{separate} children, by a prior action. In order to specify the amount available, the parent shall complete the Stepparent Questionnaire, MC 2141.

(2) (B) The maximum stepparent contribution. This amount shall

be the stepparent's gross earned and unearned income minus:

(A) 1. Mandatory deductions.

(B) 2. Work related expenses.

(C) 3. Child support payments made by the stepparent, either court ordered or voluntary.

(D) 4. The total maintenance need for the stepparent unit which includes:

1/ a. Stepparent.

2/ b. Parent.

3/ c. Mutual Children.

4/ d. Stepparent's children.

50374. Ineligible Members of the MFBU. (a) Persons who are ineligible for Medi-Cal for any of the following reasons shall be ineligible members of the MFBU, as limited by (b).

(1) Refusal to apply for a Social Security Number.

(2) Refusal to apply for a health insurance claim number.

(3) Residency.

(4) Alien status.

(5) Institutional status.

(b) A child ineligible for Medi-Cal for any of the reasons listed in (a) who has separate income or property may be an ineligible member of the MFBU or be excluded from the MFBU. This choice is the option of the person who has legal responsibility for the child.

(c) Persons who are eligible for four month continuing eligibility shall be ineligible members of the MFBU.

(d) Unmarried minor parents living with their parents shall be ineligible members of the MFBU that includes the unmarried minor parent's children. If the unmarried minor parents wish to receive Medi-Cal, other than minor consent services, they must be included in the MFBU with their parents.

(e) When the family includes a stepparent and only the separate children of one parent wish to receive Medi-Cal, the parent or stepparent shall be an ineligible member of the separate children's MFBU. If any other family member also wishes to receive Medi-Cal, the entire family shall apply as a single unit.

(f) Ineligible members of a MFBU shall:

(1) Be included in the MFBU for the purpose of determining eligibility based on property and share of cost.

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(2) Be listed on the MC 177 and have their health care costs
used to meet the share of cost.

(3) Not be issued a Medi-Cal card.

50375. Persons Excluded From the Medi-Cal Family Budget Unit (MFBU).

(a) Any child, other than an unborn, or an infant during the first two
months of life, who has separate income or property may be voluntarily ex-
cluded from the MFBU. This choice is the option of the person who has
legal responsibility for the child. Voluntarily excluded children:

(1) May not apply separately unless they are applying for minor
consent services.

(2) Shall not be included in the MFBU for the purpose of deter-
mining eligibility and share of cost.

(3) Shall not be considered in determining the program for which
the persons included in the MFBU are eligible.

(4) Shall not be listed on the MC 177 or have their health care
costs used to meet the MFBU's share of cost.

(b) When a stepparent unit is established in accordance with Section
50372(a)(4)(A) 7, the members of the stepparent unit shall be treated in the
following manner.

(1) The parent of the separate children applying for Medi-Cal
shall be an ineligible member of their MFBU in accordance with Section
50374(c).

(2) The stepparent, the stepparent's separate children and the

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mutual children of the parent and stepparent shall be considered excluded
from the MEBU. They;

(A) May not apply separately unless they are applying for minor
consent services.

(B) Shall not be included in the MEBU for the purpose of
determining eligibility and share of cost.

(c) Shall not be listed on the MC 177 or have their health
care costs used to meet the MEBU's share of cost.

(c) When a person has a choice of being included or excluded from the
MEBU, the county department shall explain to the applicant the advantages
and disadvantages of such an action before the choice is made.

50403. Treatment of Property. (a) The following property shall be considered in determining Medi-Cal eligibility:

(1) Separate property and share of community property of any person included in the MFBU shall be considered in determining Medi-Cal eligibility.

(2) Separate property and share of community property of a person who is voluntarily excluded from the MFBU if each person has a spouse or child included in the MFBU.

(b) The following property shall not be considered in determining Medi-Cal eligibility:

(1) Separate property of a child excluded from the MFBU.

(2) Separate property and share of community property of a person who is not included in the MFBU and who does not have a spouse or child included in the MFBU.

(3) Separate and share of community property of any person excluded from the MFBU as a PA or other PA recipient.

(4) Separate property and share of community property of a person who is not included in the MFBU due to LTC status.

(b) When spouses are in separate MFBUs due to LTC or board and care status, one half of the total community property of both spouses is counted in determining the Medi-Cal eligibility of each spouse.

50509. Income In Kind. (a) Income in kind is any support or maintenance received in kind from a person other than a responsible relative, for:

- (1) Housing.
- (2) Utilities.
- (3) Food.
- (4) Clothing.

(b) Income in kind shall be considered as income only if the entire item of need is provided.

(c) The value of free board and lodging received during a temporary absence from the home shall be considered as follows:

(1) If the absence is for one month or less, the income in kind value shall not be considered income.

(2) If the absence is for more than one month, the income in kind value shall be considered income to the extent that it exceeds the actual costs of maintaining the home to which the beneficiary will return.

(d) Income in kind which is received as earned income shall be subject to earned income exemptions and deductions.

(e) Income in kind which is received as unearned income shall be subject to unearned income exemptions and deductions.

(f) No income in kind shall be considered in determining the eligibility of children when any of the following conditions exists:

(1) Their application is being processed for minor consent services in accordance with Section 50147.1 (a) (3) (D).

(2) They are unmarried minor parents and the share of cost of the MFBU that includes their children is being determined.

(3) They are unborns, except that if the mother is receiving income in kind, there is income in kind to the unborn.

50557. Treatment of Income. (a) The following income shall be considered in determining the share of cost of a person or family:

(1) Net nonexempt income of all persons included in the MFBU ~~in accordance with Section 50371~~ after application of Sections 50371 through 50375.

(2) Income specified in Sections 50558 through 50564.

(b) That portion of the income of persons excluded from the MFBU as PA or Other PA recipients which was used to determine their PA or Other PA eligibility shall not be considered ~~in the treatment of income.~~ All income of persons eligible for four month continuing eligibility shall be considered.

Date _____

50558

50558. Income of Persons Who Choose to be Excluded from the MFBU.

(a) The income of children excluded from the MFBU by ~~the spouse or parent~~ ~~with Section 50571 (c)~~ shall not be counted in determining the share of cost for the MFBU.

(b) In addition to their own income, children excluded from the MFBU ~~by the spouse~~ shall be allocated an amount to meet their combined need, which shall be determined as follows, unless the condition of (c) is met:

(1) Determine the maintenance need for the MFBU with the children included.

(2) Determine the maintenance need for the MFBU with the children excluded.

(3) Subtract the amount determined in (2) from the amount determined in (1).

(4) Subtract the net nonexempt income of all excluded children from the amount determined in (3). This is the amount that shall be allocated to the children who choose to be excluded from the MFBU.

~~(4) The net nonexempt income of spouses or parents who choose to be excluded from the MFBU shall be added in determining the share of cost for the MFBU as limited by (d). Except that an amount shall be allocated to the spouses or parents to meet their own needs. This amount shall be determined as follows:~~

~~(V) Determine the maintenance need for the MFBU with the spouses or parents included.~~

~~(2) Determine the maintenance need for the MFBU with the spouses or parents excluded.~~

~~(3) Subtract the amount determined in (2) from the amount determined in (1). This is the amount that shall be allocated to the spouses or parents to meet their own needs.~~

(d) (c) The income of the members of a stepparent unit who

are excluded from the MFBU shall be treated in the following

manner: accordance with Section 50559 and 50561.

50561.

50558

(1) If the spouse of the stepparent, any mutual children of the stepparent's children choose to be included in the MFSU, the stepparent's income is treated in the same manner as a parent's income in accordance with (d).

(2) If the spouse of the stepparent, the mutual children and the stepparent's children choose not to be included in the MFSU, the stepparent's income is treated in accordance with Section 5056V.

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50559

(2) The stepparent's income legally available to the parent's ~~separate~~ children is one-half of the stepparent's income remaining after subtracting the following items from the stepparent's gross earned and unearned income.

(A) Mandatory deductions.

(B) Work related expenses.

(C) Child support payments made by a stepparent, either court ordered or voluntary.

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50561. Treatment - Stepparent Cases. (a) If there is a step-parent living in the home, and ~~by choice,~~ only the parent and the parent's children by a prior union are included in the MFBU, the income considered in determining the share of cost of those children shall be:

- (1) The income of the children.
- (2) The income of the parent ~~minus an amount to meet the needs of the excluded family members which are not met by the stepparent.~~
- (3) The income available from the stepparent ~~contribution~~ determined in accordance with Section 50559.

50563. Treatment of Income -- Aged, Blind or Disabled MN Person or Spouse in LTC or Board and Care. (a) ^{When an} ~~The income of~~ an aged, blind or disabled MN person, ^{or the spouse of an aged, blind or disabled MN person} ~~is~~ ^{that person} ~~is~~ in LTC and ^{the income of that person} ~~who~~ has a spouse and/or children shall be treated in the following manner, beginning the first of the month ~~following the month~~ the spouses, or the parent and children, ~~begin living apart~~ are in separate MFBU's.

1(1) If the MN person in LTC has a spouse or a spouse and children

(A) The MN person LTC shall be in a separate MFBU

(B) The spouse and any children shall be in a separate MFBU if applying for Medi-Cal

(C) (1) The net nonexempt income of the MN person in LTC which is in excess of \$25 shall be allocated to the spouse and/or any children as follows:

(A) When the entire family is applying for Medi-Cal, determine the maintenance need for the spouse and/or children, other than any children excluded from the MFBU.

(B) When only the person in LTC is applying for Medi-Cal, determine the maintenance need for the spouse and/or all the children.

2/ (C) Subtract the net nonexempt income of the spouse and/or children, other than the excluded children, from the amount determined in 1/ (A) or (B). This is the amount that shall be allocated

to the spouse and/or children from the net nonexempt income of the MN person in LTC which is in excess of \$25.

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(2) If the MX person in LTC has only children/

(A) The MX person in LTC shall be in a separate MFBU/

(B) The children shall be in a separate MFBU/ if applying/
for Medicaid/

(C) The net nonexempt income of the MX person in LTC which is
in excess of \$25 shall be allocated to the children as follows/

(1) Determine the maintenance need for the children/

(2) Subtract the net nonexempt income of the children
from the amount determined in 1/ This is the amount that
shall be allocated to the children from the net nonexempt
income of the MX person in LTC/which is in excess of \$25/

(3) (2) If the MX person in LTC is a stepparent:

(A) The stepchildren shall be treated as natural children
of the MX person in LTC.

(B) The allocation shall be determined in accordance with (A)
(1). and (4)/

(b) When an aged, blind or disabled person has a spouse and/or children, the income of the aged, blind or disabled MN person who is in board and care or of the spouse of the aged, blind or disabled MN person when the spouse is in board and care, shall be treated in the following manner beginning the first of the month the spouses, or the parent and children, are in separate MFBU's.

(1) The net nonexempt income of the person in board and care shall be allocated to the spouse and/or children as follows:

(A) Determine the special deduction for the person in board and care in accordance with Section 50555.4 if that person is aged, blind or disabled.

(B) Determine the maintenance need for the person in board and care and add the special deduction amount, if any.

(C) Subtract the amount determined in (B) from the net nonexempt income of the person in board and care.

(D) Determine the maintenance need for the spouse and/or children, other than any children excluded from the MFBU in accordance with Section 50375 (a) when the entire family is applying for Medi-Cal.

(E) Subtract the net nonexempt income of the spouse and/or children, other than the excluded children, from the amount determined in (C).

(F) The amount determined in (C) or the amount determined in (E), whichever is less, shall be amount allocated to the spouse and/or children from the person in board and care.

(2) If the person in board and care is stepparent:

(A) The stepchildren shall be treated as natural children of the person in long-term care.

(B) The allocation shall be determined in accordance with (1).

(b) (c) In no event shall any income be allocated from the family members living at home to the ~~aged, blind or disabled~~ ~~MM~~ person in long-term care or board and care. ~~who is in a separate MFBV as specified in (a) (1) or (2).~~

(d) ~~Eligibility of share of cost/determinations made on or after January 1, 1977 shall be based upon the provisions of this section.~~

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50657. Completion of Form MC 177S. (a) Form MC 177S shall be completed as follows:

(1) The identifying information shall be completed by the county department. Only ~~those~~ the following persons ~~who are included in the MFBU and who have not received a MEDICAL CARD~~ shall be listed on form MC 177S as eligible to have the cost of their health care services used to meet the share of cost. Persons who are:

(A) Included in the MFBU and have not received a full complement Medi-Cal card as a member of that MFBU or as four month continuing eligibles.

(B) Ineligible members of the MFBU in accordance with Section 50374.

(2) Form MC 177S shall be issued to the beneficiary for each month during which the beneficiary must meet a share of cost.

(A) For continuing beneficiaries, form MC 177S shall be issued prior to the first day of the month of eligibility.

(B) For new and restored beneficiaries, form MC 177S shall be issued at the time the approval notice of action is issued.

(3) The beneficiary shall present form MC 177S to each provider when the cost of services provided will be used to meet the share of cost.

(4) The provider will list health care services on form MC 177S which have been provided and meet all of the following criteria. They:

Date 11/14/78

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(A) Are included as program benefits in Article 4 of 3 of Chapter 31

(B) (A) Were provided in the month specified on form MC 177S. Services are considered to have been provided in the month if the date of service is within the month. The date of service for:

Services

1. ~~Program benefits~~ provided under a Global Billing Agreement, is the date the last service under the agreement is rendered or the date of delivery, if the global billing is for pregnancy and delivery.

Custom made

2. ~~A durable medical equipment~~ prosthetic and orthotic devices, ~~and appliances~~ ^{and appliances}, ~~hearing aids, and prescription drugs~~ is the date the item was ~~actually received~~, was ordered.

3. All other medical services, is the date the service was actually rendered or the item received

(C) (B) Have not been submitted as a claim against the Medi-Cal program.

(D) (C) Have not been paid by Medicare, other health care coverage, or any other party, and the provider does not anticipate reimbursement from such sources for the amounts listed on form MC 177S.

(5) For each service listed the provider shall include:

(A) The date of service, in accordance with (a) (4) (B).

(B) The total cost of the service provided.

(C) The amount billed to the patient.

(6) The provider shall sign form MC 177S and enter the provider number or Social Security number.

(7) When the amount in the Billed Patient column of form MC 177S equals or exceeds the share of cost, the beneficiary or the beneficiary's representative shall:

(A) Sign the form indicating that the beneficiary has assumed legal responsibility for the amount shown in the Billed Patient column.

(B) Return the form to the county department.

MFBU CHART

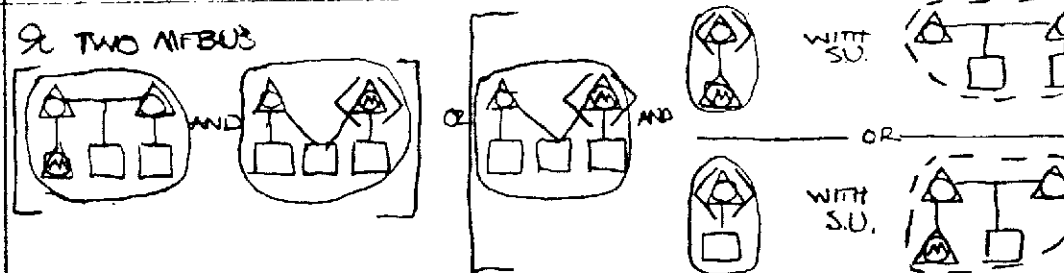
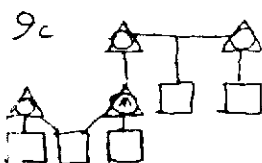
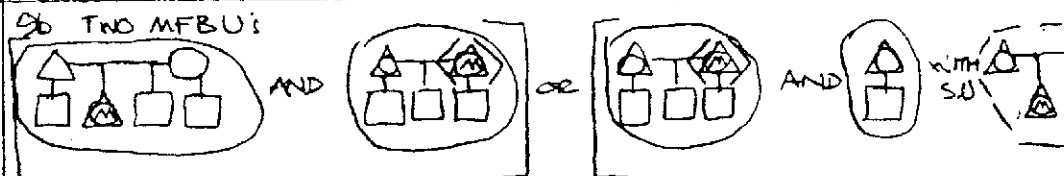
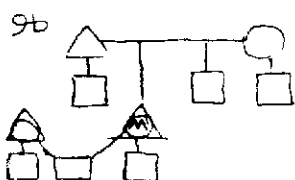
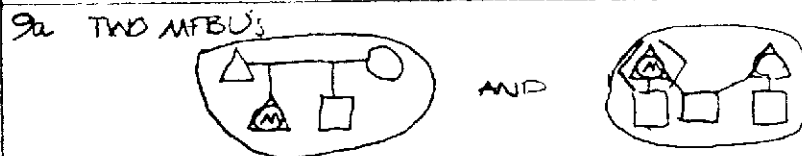
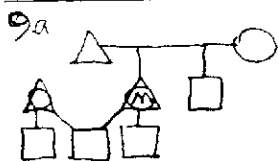
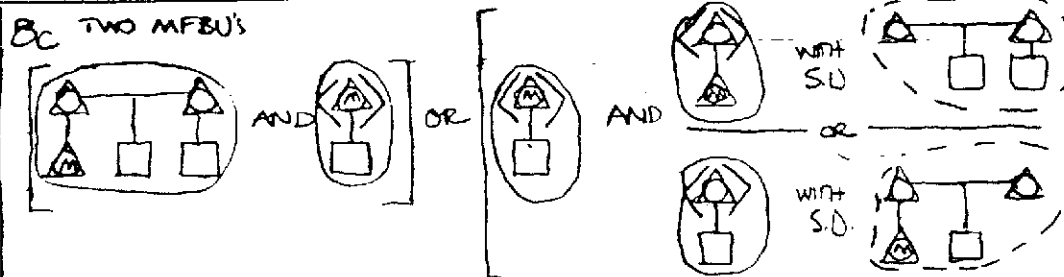
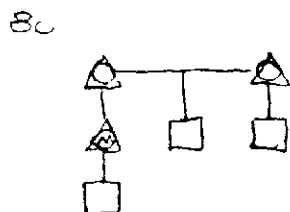
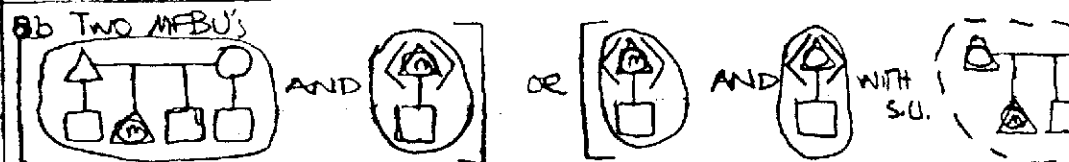
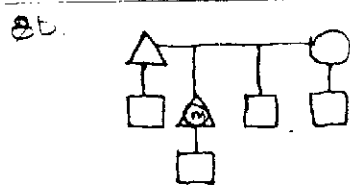
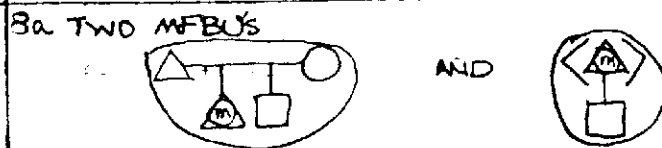
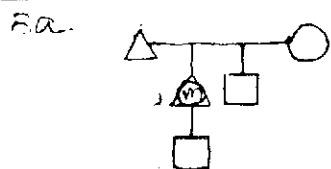
This chart is to be used in conjunction with Section 50372 (a)(4)

- LEGEND:
- △ = male
 - = female
 - △ = male or female
 - = child
 - △ = unmarried minor parent
 - △ = child requesting minor consent only
 - △ = caretaker relative
 - < > = ineligible

Family members living in the home (NOT PA or other PA)

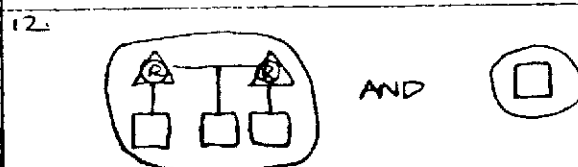
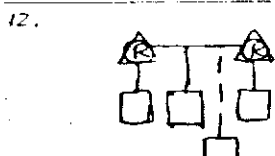
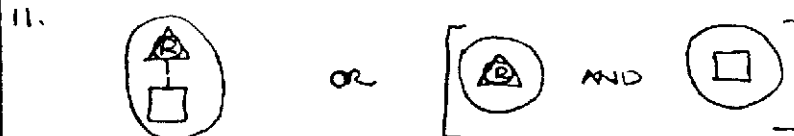
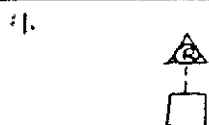
MFBU

1.	△	1.	△
2.	△—○	2.	△—○
3.	△ □	3.	△ □
4.	△ □ ○	4.	△ □ ○
5.	△ □ □ ○	5.	△ □ □ ○ OR IF MUTUAL CHILDREN ARE EXCLUDED PER 50375 } (△ □) AND (○ □)
6.	△ □ ○	6.	△ □ ○
7.	△ □ □ ○	7.	△ □ □ ○ OR (△ □) WITH STEPPARENT UNIT = (△ □) AND (△ □)



10. MC and any family combination

10. MC



<p>13.</p> <p>FOSTER HOME</p> <p><input type="checkbox"/> F</p>	<p><input type="checkbox"/> F</p>
<p>14.</p> <p>FOSTER HOME</p> <p><input type="checkbox"/> F <input type="checkbox"/> F</p>	<p>14.</p> <p><input type="checkbox"/> F <input type="checkbox"/> F</p>
<p>15.</p> <p>PLACED IN INSTITUTION</p> <p><input type="checkbox"/></p>	<p>15.</p> <p><input type="checkbox"/></p>
<p><input type="checkbox"/> AID CODE 45</p>	<p><input type="checkbox"/></p>

ALLOCATION/SPECIAL DEDUCTION WORKSHEET

Name _____

County Use _____	Effective Elig. Date For This Form _____
Case Number _____	No. in MFBU _____

I CHILDREN WITH SEPARATE INCOME OR PROPERTY EXCLUDED FROM THE MFBU No. _____

1. Maintenance need for MFBU plus excluded child(ren)	\$ _____
2. Maintenance need for MFBU	\$ _____
3. Excluded child(ren)'s share of maintenance need (Line 1 minus Line 2)	\$ _____
4. Net nonexempt income of excluded children	\$ _____
5. Allocation to excluded child(ren)	\$ _____

Enter above amount on MC 176M column 3, line 8

II SPECIAL DEDUCTION FOR AGED, BLIND OR DISABLED MINORS IN MFBU

1. Appropriate SSI/SSP payment level, based on living situation for aged, blind or disabled minor persons in MFBU	\$ _____
2. Maintenance need for MFBU without the aged, blind or disabled MN person included. (if only one person remains, use maintenance need for person as if all family members were P.A.)	\$ _____
3. Add lines 1 and 2	\$ _____
4. Maintenance need for entire MFBU (including aged, blind or disabled MN persons)	\$ _____
5. Special deduction (Line 3 minus line 4)	\$ _____

Enter above amount on MC 176M, column III, line 9

III SSI/SSP OR ITSS RECIPIENT(S) IN FAMILY - INCOME AVAILABLE/ALLOCATED

1. SSI/SSP appropriate payment level (plus ITSS need)	\$ _____	
2. Actual SSI/SSP payment (plus ITSS payment)	\$ _____	
3. Net nonexempt income used to determine grant (+ITSS) (Line 1 minus Line 2)		\$ _____
4. Gross unearned income of SSI/SSP or ITSS recipient (other than grant or ITSS payment)	\$ _____	
5. SSI/SSP unearned income deductions and exemptions	\$ _____	
6. Net nonexempt unearned income (Line 4 minus line 5)	\$ _____	
7. Gross earned income of SSI/SSP or ITSS recipient	\$ _____	
8. SSI/SSP earned income deductions and exemptions	\$ _____	
9. Net nonexempt earned income (Line 7 minus line 8)	\$ _____	
10. Total net nonexempt income (Add lines 6 and 9)		\$ _____
11. If line 10 is greater than line 3, the difference is income available to the MFBU and is entered here and on MC 176M, column I or II, line 3 as "PA recipient income available."		
12. If line 10 is less than line 3, the difference is the allocation to the SSI/SSP or ITSS recipient and is entered here and on MC 176M, column III, line 10		

Eligibility Worker Signature _____

Worker Number _____

Date of Computation _____

IV. ALLOCATION FROM LTC OR BOARD AND CARE PERSON TO SPOUSE AND/OR CHILDREN AT HOME

1. Maintenance need for spouse and/or children at home (other than excluded children)	\$
2. Net nonexempt income of spouse and/or nonexcluded children	\$
3. Total deductions of spouse and/or nonexcluded children	\$
4. Total net nonexempt income of spouse and/or nonexcluded children (line 2 minus line 3)	\$
5. Current needs of spouse and/or nonexempt children (line 1 minus line 4)	\$
6. Net nonexempt income of person in LTC or board and care	\$
7. Total deductions of person in LTC or board and care	\$
8. Total net nonexempt income of person in LTC or board and care (line 6 minus line 7)	\$
9. Special deduction for person in board and care (from Part D)	\$
10. Maintenance need for person in LTC or board and care	\$
11. Total amount needed for maintenance (Add lines 9 and 10)	\$
12. Amount available for allocation to spouse and/or children (line 8 minus line 11)	\$
13. Allocation to spouse and/or children (line 5 or line 12, whichever is less)	\$

- For share of cost determination of aged, blind or disabled person or the spouse of an aged, blind or disabled person who is in LTC or board and care enter above amount on MC76-11, column III, line 6
- For share of cost determination of spouse and/or children at home, enter above amount on MC76-11, column III, line 4

V. STEPPARENT INCOME AVAILABLE WHEN ONLY PARENT'S CHILDREN IN JUEU

A. Stepparent Contribution	
1. Income stepparent actually contributes to stepchildren (from MC2A)	\$
2. Gross earned and unearned income of stepparent	\$
3. Deductions	\$
a. Exemptions, mandatory deductions, work related expenses	\$
b. Child support, court ordered or voluntary	\$
c. Total maintenance need for: stepparent	\$
Parent	\$
stepparent's children #	\$
Actual children #	\$
4. Total deductions (Add lines 3a, b and c)	\$
5. Maximum stepparent contribution (line 2 minus line 4) if less than 2 enter 2	\$
6. Stepparent contribution (the lesser of line 1 and line 5)	\$

B. Stepparent's Legally Available Income

1. Gross earned and unearned income of stepparent	\$
2. Deductions	\$
a. Exemptions, mandatory deductions, work related expenses	\$
b. Child support, court ordered or voluntary	\$
3. Total deduction (Add line 2a and 2b)	\$
4. Net income (line 1 minus line 3)	\$
5. Income legally available from stepparent (line 4 divided by 2)	\$
c. Stepparent's income available to stepchildren (line A4 or B5 whichever is greater)	\$

Enter the above amount on the MC76-11 column I or II, line 3 or 4 as "from stepparent"

Eligibility Worker Signature

Worker Number

Date of computation

STEPPARENT QUESTIONNAIRE

PATIENT NAME	CASE NUMBER	DATE

Since you are only applying for Medi-Cal for your children from a prior union, it is necessary for us to determine how much income your spouse makes available to these children

1. Is all of your spouse's income available to you to use for all family members? ☐ Yes ☐ No If no, complete Number 2.

2. How much of your spouse's income is available to you each month?

\$ _____

I hereby state by my signature that the answers on this form are true & correct to the best of my knowledge
SIGNATURE OF NATURAL OR ADOPTIVE PARENT

DATE

INSTRUCTIONS
STEPPARENT QUESTIONNAIRE
FORM MC 214
(2/80)

The Stepparent Questionnaire, form MC 214, is completed only in those cases in which Medi-Cal is requested for only the children of one parent and there is a stepparent.

Item 1 -- If Item 1 is checked "YES", the stepparent's entire net income is available to the stepchildren. Determine the actual net income of the stepparent by subtracting actual mandatory deductions and work related expenses from the gross income received. Enter this amount on form MC 176-W, Part V, Line A.

Item 2 - If Item 1 is checked "NO", Item 2 should be completed. Enter the ^{total} amount entered in Item 2 on form MC 176-W, Part V, Line A.